

# Hoopsters Youth Basketball Scholarships



## Scholarship Eligibility

The Eureka Recreation
Division is offering scholarships
for the 2010 Hoopsters Youth
Basketball season. This scholarship provides a <u>50% fee refund</u>.

In order to be eligible for a <u>50%</u> <u>fee refund</u> scholarship you must provide the Recreation Division with current proof that you are receiving one of the following items.

- Current proof of receiving Food Stamps.
- Current proof of receiving AFDC (Aid to Families with Dependent Children).

- 3. Current proof of receiving FDPIR (Food Distribution Program on Indian Reservations).
- 4. Current proof of receiving SSI (Social Security Income).
- 5. Current proof of receiving Medi-Cal.
- 6. Current proof that your household meets the Income eligibility Guidelines (see attached sheet).



For information call the Recreation Division at 441-4241.

#### Scholarship Eligibility

- © Food Stamps
- © SSI (Social Security Income)
- AFDC (Aid to Families with Dependent Children)
- FDPIR (Food Distribution Program on Indian Reservations)
- Income eligibility

### FUNDING SOURCES FOR SCHOLARSHIPS

The 50% Refund Scholarship Program would not be possible without the generous donations of several organizations.

In the past, grants and donations have been received from Humboldt Area Foundation, Humboldt Sponsors and E Clampus Vitus 101 Eureka.

Without these funds, the Eureka Recreation Division would not be able to provide this service to eligible children. The Eureka Recreation Division commends these local organizations for their dedication to enriching the lives of local children.



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#### INCOME ELIGIBILITY GUIDELINES

<u>YEAR</u>	<u>MONTH</u>	<u>WEEK</u>
\$14,893	\$1,242	\$287
\$20,073	\$1,673	\$387
\$25,253	\$2,105	\$486
\$30,433	\$2,537	\$586
\$35,613	\$2,968	\$685
\$40,793	\$3,400	\$785
\$45,973	\$3,832	\$885
\$51,153	\$4,263	\$984
+5,180	+432	+100
	\$14,893 \$20,073 \$25,253 \$30,433 \$35,613 \$40,793 \$45,973 \$51,153	\$14,893 \$1,242 \$20,073 \$1,673 \$25,253 \$2,105 \$30,433 \$2,537 \$35,613 \$2,968 \$40,793 \$3,400 \$45,973 \$3,832 \$51,153 \$4,263

\*Please complete the Income Statement on the Eligibility Form, if you do not have current proof of Food Stamps, SSI, AFDC, Medi-Cal or FDPIR. (See attached form)

## DEFINITION OF INCOME

Income for Scholarship purposes means income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc. It includes the following:

member add:

- Monetary compensation for services including wages, salary, commissions or fee.
- Net income from non-farm selfemployment.
- 3. Net income from farm selfemployment.

- 4. Social Security.
- Dividends or interest on saving bonds, income from estates or trusts, or net rental income.
- Public assistance or welfare payments.
- 7. Unemployment compensation.
- Government civilian employee, or military retirement, or pensions or veteran's payments.
- 9. Private pensions or annuities.

- 10. Alimony or child support payments.
- 11. Regular contributions from persons not living in the household.
- 12. Net royalties.
- 13. Other cash income. Other cash income would include cash amounts received or withdrawn from any sources including savings, investment, trust accounts, and other resources which would be available to pay the price of registration.

#### SCHOLARSHIP APPLICATION PROCEDURE

- All applicants must provide proof of stated public assistance or provide current pay stubs/tax returns etc. for all working household members plus complete the Income Statement (attached).
- Eligible families can only apply for one activity per child at any one time.
- All registration for scholarships, takes place at the Adorni Center

- during normal business hours (Mon-Fri., 8 AM 5 PM).
- All scholarships are on a firstcome, first-served basis, if there is room in the activity. Parents can sign-up more than one child per family.
- Parents must pay the entire registration fee and will be refunded 50% at the conclusion of Hoopsters.
- All applicable waivers, forms etc. must be completed by parents. No exceptions.
- All rules apply to scholarship children. Staff reserves the right to remove any child who does not comply with staff directives and/or site rules.
- No refunds or pro-rates for missed classes/activities.

#### **INCOME ELIGIBILITY**

# Only complete this part and sign the statement below if you do not receive Food Stamps, AFDC, SSI, Medi-Cal or FDPIR benefits.

You must also present **current pay stubs** and **tax returns** when turning this application in.

NAM	IES	CURRENT INCOME/FREQUENCY							
Names of all house hold members (participating child parents, siblings an any other persons living in household	Check for each participating child	Earnings :	from work	Welfare, Payments from Pension Child Support, Retirement, Social Alimony Security		ment, Social		om 2nd job or er income	
		Amount	How Often	Amount	How Often	Amount	How Often	Amount	How Often
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
I certify that	all of the abo								ion of the
Signature of A	f Adult Household Member			Printed Name Social Security Number			oer		
Date Signed	Home Ph	one	Work Phone	Home Address			ess		Zip Code
	]	Oo not w	RITE BELOV	W THIS LIN	NE—FOR C	FFICE US	E ONLY		
HOUSEHOLD SIZE TOTAL HOUSEHOLD					No	T ELIGIBLE			
Monthly I		MONTHLY IN				Household Income Eligible			
AUTHORIZED REPRESENTATIVE:				DAT	E:				